

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		/					52	/				
3		/					53	/				
4		/					54	/				
5		/					55	/				
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12	/						62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		3					67					
18	/						68					
19		/					69					
20	/						70					
21		/					71					
22		/					72					
23	/						73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31	/						81					
32		/					82					
33	/						83					
34		/					84					
35	/						85					
36	/						86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.							TOTAL IND.	12				
TOTAL DEP.							TOTAL DEP.	36				
TOTAL CLAIMS							TOTAL CLAIMS	58				